

### Report Information

Award Type	Award Number	Prime DUNS	Calendar Year / Quarter	Final Report
Grant	WIEBT-ARRA-10-DE-02	103989187	2010 / 1	No

### Award Recipient Information

<b>Recipient DUNS Number</b>	103989187	<b>Recipient Address 1</b>	417 FEDERAL ST STE 1
<b>Recipient Account Number</b>	S9-05-14-04	<b>Recipient Address 2</b>	
<b>Recipient Congressional District</b>	00	<b>Recipient City</b>	DOVER
<b>Parent DUNS Number</b>	042258020	<b>Recipient State</b>	DE
<b>Recipient Type</b>	2F.VW	<b>Recipient ZIP Code + 4</b>	199013635
<b>Recipient Legal Name</b>	EXECUTIVE OFFICE OF THE GOVERNOR OF DELAWARE	<b>Recipient Country</b>	USA
<b>Recipient DBA Name</b>	DIVISION OF PUBLIC HEALTH		

### Project / Award Information

<b>Funding Agency Code</b>	12F2	<b>Total Number of Sub Awards less than \$25,000/award</b>	0
<b>Awarding Agency Code</b>	12F2	<b>Total Amount Sub Awards less than \$25,000/award</b>	0.00
<b>Program Source (TAS) Code</b>	12-3504	<b>Total Number of Sub Awards to Individuals</b>	0
<b>Sub Account Number for Program Source</b>		<b>Total Amount of Sub Awards to Individuals</b>	0.00
<b>CFDA Number</b>	10.578	<b>Total Number of Payments to Vendors less than \$25,000/award</b>	0
<b>Amount of Award</b>	250000.00	<b>Total Amount of Payments to Vendors less than \$25,000/award</b>	0.00
<b>Award Date</b>	10/01/2009		
<b>Award Description</b>	The award is to determine the feasibility, cost benefit analysis and planning for the implementation of electronic benefits transfer (EBT). This planning award will help the Delaware WIC program determine the business requirements for EBT, the retailer capabilities and analyze the State's network and abilities.		

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Project Information		
<b>Project Name or Project/ Program Title</b>	WIC EBT PLANNING GRANT	<b>Activity Codes (NAICS or NTEE-NPC) (up to 10)</b>
<b>Quarterly Activities/ Project Description</b>	The goals are to determine if EBT is operable under the current nutrition services funding and is in alliance with Delaware's proposed data transfer system. A Request for Proposal was completed and a vendor was selected.	<b>Activity Code 1</b> 541512
<b>Project Status</b>	Not Started	<b>Activity Code 2</b>
<b>Total Federal Amount ARRA Funds Received/ Invoiced</b>	0.00	<b>Activity Code 3</b>
<b>Number of Jobs</b>	0.00	<b>Activity Code 4</b>
<b>Description of Jobs Created</b>	Not Started	<b>Activity Code 5</b>
<b>Total Federal Amount of ARRA Expenditure</b>	0.00	<b>Activity Code 6</b>
<b>Total Federal ARRA Infrastructure Expenditure</b>	0.00	<b>Activity Code 7</b>
<b>Infrastructure Purpose and Rationale</b>		<b>Activity Code 8</b>
		<b>Activity Code 9</b>
		<b>Activity Code 10</b>

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### Infrastructure Contact

Name	Street Address 1
Email	Street Address 2
Phone	Street Address 3
Ext	City
	State
	ZIP Code + 4

### Primary Place of Performance

Address 1	Division of Public Health
Address 2	655 Bay Road
City	Dover
Country Code	US
State	DE
ZIP Code + 4	19901 - 4615
Congressional District	00

### Recipient Highly Compensated Officers

Prime Recipient Indication of Reporting Applicability	No	Officer 3 Name
Officer 1 Name		Officer 3 Compensation
Officer 1 Compensation		Officer 4 Name
Officer 2 Name		Officer 4 Compensation
Officer 2 Compensation		Officer 5 Name
		Officer 5 Compensation

### Report Audit Trail

Created By	Debbie Ogden
Date Created	04/09/2010 09:30 AM
Last Updated By	Debbie Ogden
Last Updated On	04/09/2010 09:30 AM